

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040510
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9696**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

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OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. FILED OCT 19 1962 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY ST. LOUIS, MO. | | a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#. I | | d. STREET ADDRESS (If outside, give location) 3026 Locust St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First WILLIE Middle MARSHALL Last | | 4. DATE OF DEATH Month 10 -Day 7 -Year 62 | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 18-17-97 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Texas |
| 13a. FATHER'S NAME Henry Bumbry | | 13b. MOTHER'S MAIDEN NAME Dinah ? | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| IMMEDIATE CAUSE (a) Uremia | | INTERVAL BETWEEN ONSET AND DEATH | |
| DUE TO (b) Carcinoma of the cervix, Stage IV | | | |
| DUE TO (c) 171x | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10-3-62 | | 20f. CITY, TOWN, OR LOCATION 10-7-62 COUNTY 10-7-62 STATE | |
| 21. I attended the deceased from 10-3-62 to 10-7-62 and last saw her/him alive on 10-7-62 . Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Joseph C. Bovari, M.D. | | 22b. ADDRESS 1515 LAFAYETTE AVE | |
| 22c. DATE SIGNED 10-7-62 | | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Removal | 23b. DATE 10-12-1962 | 23c. NAME OF CEMETERY OR CREMATORY National | 23d. LOCATION (City, town, or county) (State) St. Louis (County) Mo. |
| 24. FUNERAL DIRECTOR Ellis Funeral Home-2820 Stoddard St. | | 25. DATE RECD. BY LOCAL REG. OCT 10 1962 REGISTRAR'S SIGNATURE Ed Smith, M.D. | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Fulton E. Perkins*

Licensed Embalmer No. 4198
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.